NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
61 SOUTH SPRING STREET
PO BOX 637
CONCORD, NEW HAMPSHIRE 03302-0637

ATTENTION!
This is your pre-addressed label. Peel off and affix to the return you file. Please make any necessary corrections directly on the label.

NEW HAMPSHIRE

1996

Business Tax Returns For Proprietorships

This booklet contains:

FORM BT-EXT

FORM BT-SUMMARY

FORM BET-PROP

FORM NH-1040

FORM DP-132

FORM NH-1040-ES

This booklet contains the forms and instructions necessary for filing both the Business Enterprise Tax (BET) return and the Business Profits Tax (BPT) return.

NEW FOR 1996
Estimated tax payments must be made for the Business Enterprise Tax if the tax for the subsequent taxable period is more than $200. The estimate must be submitted with the estimate for the Business Profits Tax on the Form NH-1040-ES.

A Form BT-Summary must be filed with your form BET and/or Form NH-1040. This form is a summary of total liabilities and payments. For your convenience signatures(s) are only required on the Form BT-Summary and not on the individual returns.

An automatic 7-month extension of time to file the Business Enterprise Tax and/or Business Profits Tax return(s) will be granted provided 100% of the taxes determined to be due has been paid by the original due date. If an additional payment is necessary in order to have paid 100% of the taxes determined to be due, then one Form BT-EXT, Extension Application for Business Taxes, must be filed with the payment.

If you have any questions regarding either the Business Enterprise Tax or the Business Profits Tax, then please call our Taxpayer Assistance Office at (603) 271-2186. If you need additional forms please call (603) 271-2192. Hearing or speech impaired individuals may call TDD Access:
Relay NH 1-800-735-2964.

An electronic bulletin board containing all of the Department's Administrative Rules is now available to businesses possessing communications software. To access the electronic bulletin board, call (603) 271-6147.

Copies of laws and administrative rules may be obtained from:
Government Information Bureau
NH State Library
20 Park Street
Concord, NH 03301 (603)271-2239

FORM BET-PROP

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

BUSINESS ENTERPRISE TAX RETURN FOR PROPRIETORSHIPS

SEQUENCE # 2

For the CALENDAR year **1996 or** other tax year beginning ____ ____ ____ (Mo Day Year) and ending ____ ____ ____ (Mo Day Year)

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS RECEIPTS WERE GREATER THAN $100,000
OR
THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN $50,000.

STEP 1 Please Print or Type Name			
	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER ____ – ____ – ____
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER ____ – ____ – ____

If your business activities are conducted both within and without New Hampshire AND the business organization is subject to a business privilege tax, a net income tax, a franchise tax based upon net income or a capital stock tax in another state, whether or not it is actually imposed by the other state, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for lines 1, 2 and 3. If both you and your spouse conduct separate business activities both within and without New Hampshire, then each must complete a separate Form BET-80. Form BET-80 may be obtained by calling (603) 271-2192.

		COLUMN "A" -YOU-	COLUMN "B" -YOUR SPOUSE-
STEP 2 Compute the Enterprise Value Tax Base	1 Dividends Paid	1	1
	2 Compensation and Wages Paid or Accrued	2	2
	3 Interest Paid or Accrued	3	3
	4 Enterprise Value Tax Base (Sum of lines 1, 2 and 3)	4	4
STEP 3 Figure Your Tax	5 (a) NH Business Enterprise Tax (Line 4 x .0025)	5(a)	5(a)
	(b) Enter total of lines 5(a), Columns A and B		5(b)
	6 RSA 162-L:8, Community Development Finance Authority Credit (See instructions)		6
	7 Business Enterprise Tax Net of Statutory Credit [Line 5(b) less line 6. **IF NEGATIVE, ENTER 0.**]		7

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

FORM

BET-PROP

Instructions

BUSINESS ENTERPRISE TAX PROPRIETORSHIP RETURN
LINE-BY-LINE INSTRUCTIONS

STEP 1 **Name and Social Security Number**	At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1996. Please PRINT the taxpayer's name and social security number in the spaces provided. Joint returns must include spouse's name and social security number in the space provided. Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.
	If your business enterprise activity or your spouse's business enterprise activity is conducted both within and without New Hampshire and is subject to a tax in another jurisdiction whether or not actually imposed by that jurisdiction, complete Form BET-80, BUSINESS ENTERPRISE TAX APPORTIONMENT, to determine the values for lines 1, 2 and 3 of the Form BET-PROP. If both you and your spouse conduct separate business activities both within and without NH, then each must complete **a separate** Form BET-80 [which may be obtained by calling (603) 271-2192]. After completing Form BET-80, enter the amount from line 17 onto line 1 of your Form BET-PROP. Enter the amount from line 24 onto line 2 of your Form BET-PROP. Enter the amount from line 29 onto line 3 of your Form BET-PROP. Proceed to line 4.
STEP 2 **Compute the Enterprise Value Tax Base**	Line 1: DIVIDENDS PAID Enter the amount of dividends paid by you and your spouse under the appropriate column. "Dividends" means any distribution of money or property, other than the distribution of newly issued stock of the same enterprise, to the owners of a business with respect to their ownership interest in such enterprise from accumulated revenues and profits of the enterprise. Per RSA 77-E:1, VI, the term "Dividends" does **NOT** include the following: – Distributions of money or property to beneficiaries of a trust qualified under section 401 of US IRC; – Cash or non-cash payments of life, sickness, accident, or other benefits to members of their dependents or designated beneficiaries from a voluntary employees' beneficiary association qualified under section 501(c) (9) of the US IRC; – Distributions of money or property to participants from any common trust fund as defined under section 584 of the US IRC; – Policyholder dividends as defined under section 808 of the US IRC, to the extent such dividends are not reduced pursuant to section 809 of the US IRC; – Payment of interest on deposits of depositors of a mutual bank or credit union; or – Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under section 641 or described in section 664 of the US IRC, provided that, this shall apply only to the extent that such trust limits its activities to personal investment activities which do not constitute business activities, and those incidental to or in support of such personal investment activities.
	Line 2: COMPENSATION AND WAGES PAID OR ACCRUED Enter the amount of compensation paid or accrued (including deferred compensation) by you or your spouse under the appropriate column. Include all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period. This includes compensation on behalf of or for the benefit of employees, officers or directors of the business enterprise and subject to or specifically exempt from withholding under 3401 of the US IRC. The compensation amount entered on line 2 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III, in the taxable period. It should also include any net earnings from self-employment subject to tax under Section 1401 of the US IRC to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III, in the taxable period. If the proprietor is a partner in a partnership, the net earnings from self-employment does not include the partner's distributive share of the partnership earnings. Payments made expressly exempt from withholding under Section 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the US IRC should not be included in line 2.

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 2 Compute the Enterprise Value Tax Base (Continued)	Line 3: INTEREST PAID OR ACCRUED Enter the amount of interest paid or accrued by you or your spouse under the appropriate column. Per RSA 77-E:1, XI, "interest" means: All amounts paid or accrued for the use or forbearance of money or property. The term "interest" shall not include amounts paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders or by voluntary employees' beneficiary associations qualified under section 501(c)(9) of the US IRC to fulfill obligations to members.
	Line 4: ENTERPRISE VALUE TAX BASE Enter the sum of lines 1, 2 and 3, separately for Columns A and B.
STEP 3 Figure Your Tax	Line 5(a): NEW HAMPSHIRE BUSINESS ENTERPRISE TAX Multiply line 4 by .0025, separately for Columns A and B. Line 5(b): Enter the sum of line 5(a), Columns A and B.
	Line 6: CDFA CREDIT Enter the amount of any Community Development Finance Authority Credit claimed pursuant to RSA 162-L:8. The amount of the credit shall not exceed the lesser of the total Business Enterprise Tax liability or $200,000 in any given tax year. If this credit is claimed on the BPT form, the combined total of the credit shall not exceed $200,000 in any given tax year.
	Line 7: BUSINESS ENTERPRISE TAX BALANCE DUE Enter the total amount of line 5(b) less line 6. **IF NEGATIVE, ENTER 0.**

ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BUSINESS TAX SUMMARY FORM.

FORM NH-1040

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

PROPRIETORSHIP BUSINESS PROFITS TAX RETURN

SEQUENCE # 4

For the CALENDAR year **1996** **or** other tax year beginning ____ Mo Day Year and ending ____ Mo Day Year

Due date for CALENDAR year is on or before April 15, 1997 or the 15th day of the 4th month after the close of the fiscal period.

YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN $50,000.

STEP 1 Please Print or Type

LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER

STEP 2 Figure Your Tax

Husband and wife may NOT combine net results of separately held business organizations.
Attach all applicable Federal Forms

		COLUMN A Your Income		COLUMN B Spouse's Income
1 **NET PROFIT OR (LOSS) FROM BUSINESS** (Federal Form 1040, Sch. C, line 31)	1		1	
2 **RENTAL INCOME OR (LOSS)**				
(a) Income or Loss From **Rental** Activity (Federal Form 1040, Sch. E, line 22 column A + B + C)				
(b) Net Farm Rental Profit or Loss (Federal Form 4835, line 32)				
(c) **TOTAL**	2(c)		2(c)	
3 **NET FARM PROFIT OR (LOSS)** (Federal Form 1040 Sch F, line 36)	3		3	

4 **NET GAIN OR (LOSS) FROM SALE OF ASSETS HELD FOR USE IN BUSINESS, FARMING AND/OR RENTAL PURPOSES**
(See instructions) Attach schedule if additional space is needed. (Federal Form 4797)

	(1) Description of Property	(2) Gains or Losses	(3) Accumulated Passive Loss	(4) Total Column 2+3		(5) Total Attributed To You		(6) Total Attributed To Spouse
(a)								
(b)								
(c)	**TOTAL**				4(c)		4(c)	

5 **INSTALLMENT GAIN OR (LOSS)** (See instructions) Attach schedule if additional space is needed. (Federal Form 6252)

	(1) Date of Original Sale (Mo Day Year)	(2) Taxable Gains or Losses	(3) Accumulated Passive Loss	(4) Total Column 2+3		(5) Total Attributed To You		(6) Total Attributed To Spouse
(a)								
(b)								
(c)	**TOTAL**				5(c)		5(c)	

		Column A		Column B
6 Gross Business Profits [Combine lines 1, 2(c), 3, 4(c), and 5(c)]	6		6	
7 Compensation for Personal Services (See instructions)	7	( )	7	( )
8 Subtotal (Line 6 less line 7. If negative, show in brackets. See instructions for NOL carry forward provision).	8		8	
9 NH Net Operating Loss Deduction (Attach Form DP-132)	9	( )	9	( )
10 Other Additions and Deductions per RSA 77-A:4 (If negative, show in brackets.)	10		10	
11 Adjusted Gross Business Profits (Line 8 minus line 9 adjusted by line 10. If negative, show in brackets.)	11		11	
12 New Hampshire Apportionment (Form DP-80, line 5. Express as a decimal to 6 places.) Interstate Proprietorships must apportion income – see DP-80 instructions.	12	•	12	•
13 New Hampshire Taxable Business Profits (Line 11 x 12. If negative, enter O.)	13		13	
14 New Hampshire Business Profits Tax (Line 13 x 7%)	14		14	

STEP 3 Figure Your Credits

		Column A		Column B
15 Credits: allowed under RSA 77-A:5 as shown on Form DP-160	15		15	
16 Subtotal (Line 14 less line 15)	16		16	
17 Business Enterprise Tax Credit (See instructions)	17		17	
18 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of line 16 or line 17. See instructions)	18		18	
19 (a) NH Business Profits Tax Net of Statutory Credits (Line 16 less line 18)	19(a)		19(a)	
(b) NH Business Profits Tax Net of Statutory Credits [Sum of line 19(a), Columns A and B. **IF NEGATIVE, ENTER 0.**]			19(b)	

ENTER THE AMOUNT FROM LINE 19(b) ON LINE 1(b) OF THE BUSINESS TAX SUMMARY FORM.

IF YOU HAVE COMPLETED THIS RETURN IT MUST BE FILED WITH THE BT-SUMMARY.

FORM
NH-1040
Instructions

BUSINESS PROFITS TAX RETURN
LINE-BY-LINE INSTRUCTIONS

STEP 1 Name and Social Security Number

At the top of the return enter the beginning and ending dates of the taxable period if different than the calendar year 1996.

Please PRINT the taxpayer's name and social security number in the spaces provided. Joint returns must include spouse's name and social security number. Social security numbers are required pursuant to the authority granted by 42 USC, Section 405.

STEP 2 Figure Your Tax

Husband and wife may NOT combine net results of separately held business organizations. All applicable federal forms must be attached.

Line 1: PROFIT OR (LOSS) FROM BUSINESS

Enter the total net income (loss) of all separately owned Schedule C business activities in the respective column indicating ownership. Please be sure to enter the net income (loss) from all of your separate business activities in your column and all of the net income (loss) from your spouse's separate business activities in the spouse's column. **SPOUSES JOINTLY OWNING AND OPERATING A SCHEDULE C BUSINESS ACTIVITY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL INCOME (LOSS) UNDER ONE COLUMN. IF A LOSS, SHOW DOLLAR AMOUNTS IN BRACKETS, E.G. ($50).**

If any of the Schedule C activity is conducted outside New Hampshire, you must report on line 1 the TOTAL net income (loss) from all Schedule C activity. You are also required to complete and file Form DP-80, Apportionment of Income. See line 12 for further instructions on apportionment.

Line 2: RENTAL INCOME OR (LOSS)

Enter the total amount of rental income (loss) attributable to your and/or your spouse under the appropriate column. **SPOUSES JOINTLY OWNING OR SELLING RENTAL PROPERTY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL RENTAL INCOME (LOSS) UNDER ONE COLUMN**. If the rental income (loss) is derived from joint ownership and the other owner is not reporting on this form, attach a schedule showing the joint owner's name(s), social security number(s) and respective share of net income (loss).

If rental property is owned both within and without New Hampshire, you must report on line 2 the TOTAL net income (loss) from all rental property activity. You are also required to complete and file Form DP-80, Apportionment of Income. See line 12 for further instructions on apportionment.

(a) Enter the total of Federal Form 1040, Schedule E, line 22, columns A + B + C. Include only the line 22 amounts attributable to rental activity; do not include royalty income or expenses.

(b) Enter the amount shown on Federal Form 4835, Net Farm Rental Profit or Loss, line 32. If a loss, show dollar amount in brackets, e.g. ($50).

(c) Enter the sum of lines 2(a) and 2(b) on line 2(c) separately for Column A and Column B.

Line 3: FARM INCOME OR (LOSS)

Enter the total amount of your net farm profit or (loss) from Federal Form 1040, Schedule F, line 36.

Line 4: NET GAIN AND/OR (LOSS) ON SALE OF ASSETS FROM A BUSINESS, FARMING AND/OR RENTAL ACTIVITIES.

Lines 4(a) and 4(b). If you need additional space, please attach a schedule.

Column 1: Enter the description of property held or used for business as shown on Federal Form 1040, Schedule D or Form 4797, e.g. land, building, vehicle, etc.

Column 2: Enter the amount shown on Schedule D or Form 4797 as gain or loss. If a loss, show dollar amount in brackets, e.g. ($50).

Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain or loss reported in Column 2.

Column 4: Enter the total of Column 2 plus Column 3.

Column 5: Enter the amount shown in Column 4 which is attributable to you.

Column 6: Enter the amount shown in Column 4 which is attributable to your spouse.

Line 4(c) Enter the total of lines 4(a) and 4(b) on line 4(c) separately for Column A and Column B.

Line 5: INSTALLMENT GAIN OR (LOSS)

Taxpayers who are reporting the sale of business assets on the installment basis for federal tax purposes must also use the installment method on Form NH-1040. Under certain conditions, an election can be made by using Form DP-95 to report the entire gain in the year of sale. Form DP-95 may be obtained by calling (603) 271-2192.

Taxpayers who have sold business or rental property on the installment basis will be considered a business organization until all the installments have been reported and the total tax paid. You MUST file a return every year, regardless of the amount of installments, if the actual sales price exceeded $6,000 for tax years ending prior to July 1, 1981, or $12,000 for tax years ending July 1, 1981, through June 30, 1993, or $50,000 for tax years ending July 1, 1993, and after.

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 2 (continued)

Line 5 (continued)

Line 5(a) and 5(b). If you need additional space, please attach a schedule.

Column 1: Enter the original date of the sale.

Column 2: Enter the taxable amount of gain or loss from Federal Form 6252 for this tax year. If a loss, show dollar amount in brackets, e.g. ($50).

Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain or loss reported in Column 2.

Column 4: Enter the total of Column 2 plus Column 3.

Column 5: Enter the amount shown in Column 4 which is attributable to you.

Column 6: Enter the amount shown in Column 4 which is attributable to your spouse.

Line 5(c) Enter the total of lines 5(a) and 5(b) on line 5(c).

Line 6: Combine lines 1, 2(c), 3, 4(c) and 5(c) separately for Column A and Column B.

Line 7: COMPENSATION FOR PERSONAL SERVICES

Enter on line 7 the dollar value of the services performed by the proprietor during the taxable period. Enter your compensation in Column A and enter your spouse's compensation in Column B. Compensation is only allowed for the proprietor who actually renders personal services to the business organization. The **MINIMUM** statutory deduction of $6,000 is allowed for actual services rendered during the tax period even if such services are valued at less than $6,000. RSA 77-A:4 limits the **MAXIMUM** compensation deduction to the sum of the following amounts included in your federal income tax schedule:

(1) Net profit or loss from Federal Form 1040, Schedule C;
(2) Income or loss from rental properties from Federal Form 1040, Schedule E;
(3) Net farm profit or loss from Federal Form 1040, Schedule F;
(4) 15% of the sales price as shown on Federal Form 4797 or 6252 for the sale of business assets provided you acted as the broker or agent and no other broker or agent was involved in the sale of the property.
(5) **In instances where the proprietor acts as a co-broker, the maximum deduction shall be the difference between the 15 percent of the actual sales price and the amounts paid to other brokers or agents.**

To determine the reasonableness of the compensation deduction, use comparative compensation data from business organizations of similar size, volume and complexity from industry statistics or from publications such as, but not limited to, The American Almanac of Jobs and Salaries or the New Hampshire Wages and Benefits Survey. You must maintain adequate records to substantiate the activities performed by you and the methods used to determine the rate of compensation for such activities.

Line 8: SUBTOTAL

Enter the amount of line 6 less line 7 separately for Column A and Column B. If a loss, show dollar amount in brackets, e.g. ($50). If either column is negative, this amount represents the net operating loss for you or your spouse available for future deduction. New Hampshire no longer requires the filing of a Net Operating Loss Annual Report, Form RP-131. However, a future NOL deduction is still subject to the carryback and carryforward provisions and apportionment provisions pursuant to RSA 77-A:3, RSA 77-A:4, and Rev 303.04.

Line 9: NH NET OPERATING LOSS DEDUCTION

Enter the amount of carryover loss available as shown on line 6 of Form DP-132. A separate Form DP-132 must be filed for you and your spouse. Form DP-132 must be attached to the return.

Line 10: OTHER ADDITIONS AND DEDUCTIONS

Enter in Column A the net total of all your other additions and deductions allowed or required under RSA 77-A:4. Enter the net total of your spouse's additions and deductions in Column B. Show negative amounts in brackets, e.g. ($50).

Line 11: ADJUSTED GROSS BUSINESS PROFITS

Enter the total of line 8 less line 9 adjusted by line 10. If negative, show in brackets e.g. ($50).

Line12: NEW HAMPSHIRE APPORTIONMENT

Proprietorships which have business activity, including rental activity, both within and without this state AND which are subject to income taxes (or a franchise tax measured by net income) in another state, whether or not actually imposed by the other state, must apportion its gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. If you and your spouse each conduct separate business activities both within and without New Hampshire, each must complete a separate Form DP-80. Be sure to identify your form by using your social security number and your spouse's form by using your spouse's social security number. Form DP-80 may be obtained by calling (603) 271-2192. After completing Form DP-80, enter the apportionment percentage on line 12 of your Form NH-1040. Show to six decimal places. **All others enter 1.00 on line 12.**

LINE-BY-LINE INSTRUCTIONS (continued)

STEP 2 (continued)	Line 13: Enter the product of line 11 multiplied by line 12. If negative, enter 0.
	Line 14: Enter the product of line 13 multiplied by 7%.
STEP 3 Figure Your Credits	Line 15: CREDITS Enter the amount of credits allowed under RSA 77-A:5. **Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on line 15.** If both you and your spouse are claiming credits on line 15, then you must file two separate DP-160 Forms. Be sure to identify your form by using your social security number and your spouse's form by using your spouse's social security number. Form DP-160 may be obtained by calling (603) 271-2192. DO NOT INCLUDE THE BET CREDIT ON THIS LINE.
	Line 16: Enter the amount of line 14 less line 15.
	Line 17: BUSINESS ENTERPRISE TAX CREDIT To calculate the BET credit to be applied against this years BPT, complete the following worksheet for both you and your spouse.

BET CREDIT WORKSHEET

	Tax year ended ___ /___ /___	Tax year ended ____ /___/____	Tax year ended ____/____/____	Tax year ended ____/___/___	Tax year ended ___/____/___
A BET Credit Carryforward Amount. *See note below.					
B Current year BET Liability LESS					
C Current year BPT Liability					
D Enter the amount of line B less line C. IF NEGATIVE, ENTER O.					
E BET Credit available for a deduction this tax year. Sum of line A and line B.					
F BET Credit deduction this year. **See note below					
G Credit carryforward Amount. Line E less line F. Carry this amount forward and indicate on line A under subsequent year.					

INSTRUCTIONS

*Note: The line A amount is from line G of the previous year's BET CREDIT WORKSHEET. If this is the initial year of the BET (Tax Years ending on or after 7/1/93) indicate 0.

**Note: The amount on line F should be entered on line 17 of NH-1040, line 14 of NH-1041, 15 of NH-1065, line 9 of NH-1120, line of NH-1120-WE.

	Line 18: Enter the lesser amount of line 16 or line 17. If line 17 is greater than line 16, then a "Business Enterprise Tax Credit" carryover exists. Any unused portion of the current year's Business Enterprise Tax Credit may be carried forward and allowed against any Business Profits Tax due for the next five taxable periods.
	Line 19: BUSINESS PROFITS TAX NET OF STATUTORY CREDITS (a) Enter the amount of line 16 less line 18. (b) Enter the sum of line 19(a) Columns A and B. **IF NEGATIVE , ENTER 0.**

ENTER THE AMOUNT FROM LINE 19(b) ON LINE 1(b) OF THE BUSINESS TAX SUMMAR Y FORM.

FORM NH-1040-ES Instructions

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

ESTIMATED PROPRIETORSHIP BUSINESS PROFITS TAX QUARTERLY PAYMENT VOUCHERS

1997

1 Who Must Pay Estimated Tax

Every proprietorship required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments, for each individual tax, for its subsequent taxable period; unless the annual estimated tax for the subsequent taxable period, for each individual tax, is less than $200. However, if at the end of any quarter the estimated tax exceeds $200, an estimate payment must be made. (See paragraph 6 for exceptions).

2 Where to Mail Payments

Mail estimated tax payment to:

Document Processing Division
PO Box 637
Concord, NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 1997
2nd quarterly payment due June 16, 1997
3rd quarterly payment due September 15, 1997
4th quarterly payment due December 15, 1997

FISCAL YEAR FILERS:

A quarterly payment is due on the 15th day of the 4th, 6th, 9th, and 12th month following the close of your fiscal year.

FISCAL YEAR FILERS MUST ENTER THE TAX YEAR ON EACH ESTIMATE VOUCHER.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in equal installments on the due dates.

CHECKS ARE TO BE MADE PAYABLE TO: STATE OF NEW HAMPSHIRE.

5 Underpayment Penalty

A penalty at the rate of $1^1/_4$% per month of the amount due may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty. This penalty will not be imposed if any of the statutory exceptions apply.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use form DP 2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty. To obtain this form, please call the forms line at (603) 271-2192.

7 Specific Questions

SPECIFIC QUESTIONS not covered herein should be referred to the Taxpayer Assistance Office, PO Box 637, Concord, N.H. 03302-0637. Telephone (603) 271-2186. Hearing or speech impaired individuals may call TDD Access: Relay NH 1-800-735-2964.

FORM
NH-1040-ES

BUSINESS PROFITS TAX – PROPRIETORSHIP

1997 Estimated Tax Worksheet (Keep for your records – Do not file)

	BET	BPT
1 *ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS*		
a BET Taxable Base after Apportionment..		
b Gross Business Profits Tax After Apportionment....................................		
2 *TAX*		
a [line 1(a) x .0025]...		
b [line 1(b) x 7%]...		
3 *CREDITS*		
a RSA 162-L:8, CDFA..		
b RSA 77-A:5 (Please be sure to include the BET Credit)...........................		
4 Estimated tax for current year [line 2 less line 3(a) and/or 3(b)]......................		
5 Overpayment from last year..		
6 Balance of Business Taxes Due (line 4 less line 5)...		

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of line 6 of worksheet) BET	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1..............................	$..........................	$	$	**April 15, 1997**
2.............................	$................	$	$	**June 16, 1997**
3............	$..................................	$	$	**Sept. 15, 1997**
4............................	$...............	$	$	**Dec. 15, 1997**

IMPORTANT: THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line)

FORM
NH-1040-ES

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX- 1997

For the CALENDAR year **1997** or other tax year beginning ____ Mo Day Year and ending ____ Mo Day Year

OFFICE USE ONLY

Please Print or Type

LAST NAME | FIRST NAME & INITIAL

SPOUSE'S LAST NAME | FIRST NAME & INITIAL

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

SOCIAL SECURITY NUMBER (Proprietor)
_____ – _____ – _____

SOCIAL SECURITY NUMBER (Spouse)
_____ – _____ – _____

Business Enterprise Tax	1	
Business Profits Tax	2	
Amount of This Payment	**3**	

MAIL TO: DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NEW HAMPSHIRE 03302-0637

Make checks payable to: ***STATE OF NEW HAMPSHIRE***
Enclose, but do not staple or tape, your payment with this estimate.

FORM
NH-1040-ES

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX -1997

For the CALENDAR year **1997** or other tax year beginning ___ Mo ___ Day ___ Year and ending ___ Mo ___ Day ___ Year

OFFICE USE ONLY

Please Print or Type

LAST NAME | FIRST NAME & INITIAL

SPOUSE'S LAST NAME | FIRST NAME & INITIAL

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

SOCIAL SECURITY NUMBER (Proprietor) ___ — ___ — ___

SOCIAL SECURITY NUMBER (Spouse) ___ — ___ — ___

Business Enterprise Tax 1
Business Profits Tax 2

Amount of This Payment 3

MAIL TO: DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NEW HAMPSHIRE 03302-0637

Make checks payable to: ***STATE OF NEW HAMPSHIRE***
Enclose, but do not staple or tape, your payment with this estimate.

(Cut along this line)

FORM
NH-1040-ES

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX- 1997

For the CALENDAR year 1997 or other tax year beginning ___ Mo ___ Day ___ Year and ending ___ Mo ___ Day ___ Year

OFFICE USE ONLY

Please Print or Type

LAST NAME | FIRST NAME & INITIAL

SPOUSE'S LAST NAME | FIRST NAME & INITIAL

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

SOCIAL SECURITY NUMBER (Proprietor) ___ — ___ — ___

SOCIAL SECURITY NUMBER (Spouse) ___ — ___ — ___

Business Enterprise Tax 1
Business Profits Tax 2

Amount of This Payment 3

MAIL TO: DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NEW HAMPSHIRE 03302-0637

Make checks payable to: STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape, your payment with this estimate.

(Cut along this line)

FORM
NH-1040-ES

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX- 1997

For the CALENDAR year 1997 or other tax year beginning ___ Mo ___ Day ___ Year and ending ___ Mo ___ Day ___ Year

OFFICE USE ONLY

Please Print or Type

LAST NAME | FIRST NAME & INITIAL

SPOUSE'S LAST NAME | FIRST NAME & INITIAL

NUMBER AND STREET ADDRESS

CITY OR TOWN, STATE AND ZIP CODE

SOCIAL SECURITY NUMBER (Proprietor) ___ — ___ — ___

SOCIAL SECURITY NUMBER (Spouse) ___ — ___ — ___

Business Enterprise Tax 1
Business Profits Tax 2

Amount of This Payment 3

MAIL TO: DOCUMENT PROCESSING DIVISION
PO BOX 637
CONCORD, NEW HAMPSHIRE 03302-0637

Make checks payable to: STATE OF NEW HAMPSHIRE
Enclose, but do not staple or tape, your payment with this estimate.